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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 09/892,212			ing Date 25/2001	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN ALL ENTITY	
FOR NUMBER F			UMBER FI	LED NU	D NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A		1	N/A		
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A		N/A			N/A		
	EXAMINATION FE (37 CFR 1.16(a), (p),	E or (q))	N/A		N/A		N/A			N/A		
	FAL CLAIMS CFR 1.16(i))		minus 20 = *				x \$ =		OR	x \$ =		
	EPENDENT CLAIM CFR 1.16(h))	s	minus 3 = *			1	x \$ =		1	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addi	If the specification and drawings exce sheets of paper, the application size 1 is \$250 (\$125 for small entity) for eac additional 50 sheets or fraction therec 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.									
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))								1			
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		]	TOTAL		
										ER THAN ALL ENTITY		
AMENDMENT	04/07/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16())	* 32	Minus	39	= 0	1	x \$ =		OR	X \$52=	0	
	Independent (37 CFR 1,16(h))	• 4	Minus	<del></del> 5	= 0	]	x \$ =		OR	X \$220=	0	
Σ	Application Size Fee (37 CFR 1.16(s))											
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
L		(Column 1)		(Column 2)	(Column 3)							
L	08/24/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
AMENDMENT	Total (37 CFR 1,16(i))	* 32	Minus	·· 39	= 0	]	x \$ =	,	OR	X \$52 =	0	
Q.	Independent (37 CFR 1.16(h))	• 4	Minus	··· 5	= 0	ı	x \$ =		OR	X \$220 =	0	
恒	Application Size Fee (37 CFR 1.16(s))					ı	Ь—		l	<u> </u>		
Ā	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
** If	*If the entry in column 1 is less than the entry in column 2, write "o" in column 3. Legal Instrument Examiner:  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

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